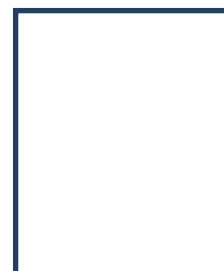




IWDA

Indian Women's Dermatologic Association

MEMBERSHIP APPLICATION FORM



RECENT PHOTOGRAPH

Name (in block letters): _____

Gender (M/F): ___ Date of birth (dd/mm/yyyy): _____ Nationality: _____

Speciality: Dermatology/ Other (please specify)

Address (Residence):

Address (Hospital/Clinic):

Address (Correspondence):

Phone numbers: Mobile: _____ Office: _____ Res: _____

E Mail id: _____

Qualifications (Attach documents listed below):

S. No.	Year of completion of MBBS	Year of completion of MD/ DNB/ Equivalent post-graduation in Dermatology	Current position held	Current employer (if employed)

Member of IADVL? IF yes, membership number: LM _____ / PLM _____

Member of WDS? YES / NO

Medical Registration Number and Authority: _____



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Indian Women's Dermatologic Association

MEMBERSHIP APPLICATION FORM

Declaration:

I hereby apply to be enrolled as a member of the Indian Women's Dermatologic Association (IWDA). I agree to abide by the rules and regulations stipulated.

I enclose herewith Rs. 8,800/- (inclusive of tax) (in words:

_____) by NEFT on

_____ Bank, dated _____, payable at New Delhi, India.

BANK DETAILS

Indian Women's Dermatologic Association

A/c- 90682010134170

Bank -Canara Bank

Branch- MAMC, New Delhi

IFSC- CNRB0019068

MICR Code- 110015415

I also certify that the details and documents furnished below are true and that any false statement provided by me may entail cancellation of my membership from the society.

Date: _____ Place: _____

Signature of Applicant: _____

For applicant's information:

Documents to be attached (self-attested photocopies):

1. Post-graduation degree certificate (MD/DVD/DDV/DNB or others)
2. Medical Council registration certificate
3. Proof of residence (passport/voter's ID/driving license)

IWDA SECRETARIAT ADDRESS

Dr Rashmi Sarkar, President, IWDA,

306 Mahagun Maple,

F-26 Sector 50, Noida, (U.P.) India

Pin-201301

Mobile- 9818244340